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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	AP794US
	First Named Inventor	YEAP, Tet Hin
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RFI CANCELLER USING NARROWBAND AND WIDEBAND NOISE ESTIMATORS

(Title of the invention)

the specification of which

☒ Is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/210,519	06/09/2000	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name Adams Cassan Maclean

Address P.O. Box 11100, Station H

Address

City Ottawa

Ontario
StateK2H 7T8
ZIP

Country Canada

Telephone (613) 828 0012

Fax (613) 828 0024

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name TET HIN
(first and middle (if any))Family Name YEAP
or SurnameInventor's
Signature

Date June 4, 2001

Residence: City Ottawa

State ON

Canada
CountryCanadian
Citizenship

Mailing Address 675 Roosevelt Avenue

Mailing Address

City Ottawa

State Ontario

ZIP K2A 2A8

Country Canada

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name DAVID KENNETH
(first and middle (if any))Family Name FENTON
or SurnameInventor's
Signature

Date 4 JUNE 2001

Residence: City Ottawa

State ON

Canada
CountryCanadian
Citizenship

Mailing Address 1 - 124 King Edward Avenue

Mailing Address

City Ottawa

State Ontario

ZIP K1N 7L1

Country Canada

☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/81 (10-00)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	YEAP, Tet Hin
Group Art Unit	
Examiner Name	
Attorney Docket Number	AP794US

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:Place Customer
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Name	Registration Number
Thomas Adams	31078

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address

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Telephone

Fax

I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

Name

YEAP, Tet Hin

Signature

Date

June 4, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 of 2 forms are submitted.

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PTO/SB/81 (10-00)

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AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	YEAP, Tel Hin
Group Art Unit	
Examiner Name	
Attorney Docket Number	AP794US

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:Place Customer
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Name	Registration Number
Thomas Adams	31078

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address

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State

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71,
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

FENTON, David Kenneth

Signature

David Fenton

Date

4 JUNE 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 of 2 forms are submitted.

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